## NO4 000005536

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SECRETARY OF STATE

AUG 21 2018 T. LEMIEUX

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	CLUB OF BREVARD, INC.
NO4000005536 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please seturn all correspondence concerning this of	matter to the following:
Bonnie Sue Bedell	
	(Name of Contact Person)
	(Firm/ Company)
	(
1467 Windward Drive	
	(Address)
Melbourne, FL 32935	
	(City/ State and Zip Code)
bonniebedell@cfl.rr.com	used for future annual report notification)
For further information concerning this matter, p	
Bonnie Bedell	at 321 749-2413
(Name of Contact Pa	erson) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:
S35 Filing Fee	ce & S43.75 Filing Fee & S52.50 Filing Fee atus Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Sentian
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

of

	•••	
DRIFTWOOD CLUB OF BREVARD, INC.		FILED
(Name of Corporation	as currently filed with the Flor	ida Dept. of State)
N04000005536		2019 1/16 14 尹 1: 34
(Досил	ment Number of Corporation (if ki	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Pursuant to the provisions of section 617,1006, Flor amendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the followin
A. If amending name, enter the new name of the	e corporation:	
		The nev
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		l" or the abbreviation "Corp," or "Inc. '
B. Enter new principal office address, if applica	ible:	
(Principal office address <u>MUST BE A STREET A</u>	(DDRESS)	
	<del></del>	
	<del></del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u> )	
D. If amending the registered agent and/or regi		enter the name of the
new registered agent and/or the new register	reu omice audress.	
Name of New Registered Agent:	Bonnie Sue Bedell	
	1467 Windward Drive	
		lurida street address)
New Registered Office Address:	:	
	Melbourne	Florida 32935
	(City)	Florida 32935 (Zip Code)
New Registered Agent's Signature, if changing	Registered Agent:	
Thereby accept the appointment as registered ages		the obligations of the position.
	A Beder	U .
-	Signature of New Regis	tered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John V Mike SV Sally		
Type of Action (Check One)	Title	Name	Address
ll) Change	Ð	Michael Sentner	4100 N Wickham Rd . Ste 107A-120
Add XXX Remove			Melbourne, FL 32935
2) Change	D	Bonnie Sue Bedell	1467 Windward Drive
XXX Add			Melbourne FL 32935
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5/ Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Article (attach additional sheets, if necessary).	(Be specific)	
		 ···
		 <del>-</del>

	r date of each amendment(s) adoption:	, if other than the
EM	ective date <u>if applicable</u> :  [no more than 90 days after amendment file date)	
	ino more than 90 agis after amenament file asie)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be turnent's effective date on the Department of State's records.	e listed as the
Ada	option of Amendment(s) ( <u>CHECK:ONE</u> )	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated $8-12-19$ $\mathcal{A}$	
	Signature  (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	-
	Thomas C. Koby	
	(Typed or printed name of person signing)	
	Treasurer	
	(Title of person signing)	

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